

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LV.

THURSDAY, AUGUST 28, 1856.

No. 4.

ON THE TREATMENT OF IRITIS WITHOUT MERCURY.

BY HENRY W. WILLIAMS, M.D., ONE OF THE SURGEONS TO THE BOSTON DISPENSARY.

[Continued from page 53.]

CASE VI.—Mr. —, first officer of an India trading ship, æt. about 35, was attacked on a homeward voyage with severe rheumatism in one foot and in his right eye. He says the nocturnal pain in the eye was so intense that for forty days he scarcely allowed any one to sleep in the cabin of the vessel, the agony he endured causing constant groans and complaint. The eye was seen by me on the 9th of February, 1855. It was extremely intolerant of light, and much injected. As far as can be judged by examination in as much light as he can endure, the pupil seems entirely closed by a deposit of lymph. The iris is congested, and has none of its brilliant fibrous aspect. There is slight hypopyon. No vision with this eye. The pain is still excessive. He had large quantities of calomel in the commencement of the attack, and has been on low diet. Belladonna has not been used. Applied solution of atropia. Quin. sulph. gr. iss. three times daily, before meals. Dover's powder gr. xii. at bedtime, and repeat the dose as often as necessary at intervals of an hour. Good diet.

10th.—No sleep last night, but is inclined to sleep to-day. Continue remedies. Give liq. morph. sulph. in addition to the Dover's powder, if he does not sleep after one dose of the latter.

12th.—Took several doses of liq. morph. sulph. before sleep was induced on the 10th, but last night slept better. Eye less injected and less painful. Potass. iod. gr. vi. *ter die*.

14th.—Sleeps tolerably well by the aid of one Dover's powder. Eye less red, and anterior chamber nearly free from hypopyon. There is less intolerance of light, and he begins to have a slight perception of objects. Gave laxative of ol. ricin. and lemon juice, to relieve constipation.

18th.—His eye and foot have improved. He can bear more light, and move about the room. Has more appetite. He sees

objects rather better. The pupil can now be examined in a good light, and is seen to be very much contracted, and its edge attached by firm deposits of lymph to the capsule of the crystalline. The more opaque portions of these deposits have the form of a Greek cross; but only one small point in the field of the contracted pupil appears to be entirely clear.

27th.—He bears considerable light, and is free from pain. The pupil seems to have enlarged to a slight extent under the action of the atropia, the use of which has been continued.

March 13th.—A little more than a month from my first visit. He has gained a distinct perception of the features of individuals, and sees large objects quite well. The eye is not yet absolutely free from injection. Two spaces, between the opaque bands which confine the edge of the pupil, have become quite clear, and, though small, will allow of very tolerable vision.

He was absent from town two months, on a visit to friends. On his return his eye was so much improved that he could read with it. He afterwards embarked for another voyage, receiving directions and medicines to be made use of in case of a fresh attack.

CASE VII.—Dr. — had an attack of iritis in the middle of March, 1855, attended with considerable circum-orbital pain and slight discoloration of iris. From this he recovered without other treatment than shading the eye from light, confinement to the house, and two leeches to left temple. Two days after, he had a slight relapse in consequence of a change of weather. I advised him to apply two more leeches, and to take three grains of quin. sulph. *per diem*. Though the symptoms were rather more severe than during the first attack, they yielded almost at once. On the 1st of April he rode out of town on business in very stormy weather, and next day had a return of the symptoms. On the 3d he had considerable dull pain in the eye, and much injection of sclerotica, with some discoloration of iris. On the 4th he observed irregularity of the pupil, but had less pain than the previous day. I found the iris discolored, and the pupil adherent at several points. Under the action of atropia it dilated in an hour-glass form, enlarging laterally, but was prevented from expanding in a vertical direction by the adhesions. Recommenced the use of quinia, and advised leeches to be applied to temple if pain should supervene in the evening.

5th.—Less injection. Did not find it necessary to apply leeches. There is some soreness of upper part of eyeball. Iris is more clear. The adhesions of the pupil seem disposed to give way.

8th.—Continued for two days to improve, but to-day has slight intolerance of light and perhaps a slight increase of injection. Increase quinine to gr. vi. *per diem*. Three leeches to temple.

9th.—The leeches seemed to give great relief. The eye is less injected and less sensitive. Hot pediluvium at bedtime.

11th.—He applied two more leeches last evening, and took another hot foot-bath. Feels better, and the sclerotal injection is much less.

28th.—The eye has recovered its normal condition, except that there is one slight adhesion of the lower edge of the pupil. Vision is good for the finest print.

Seeing Dr. — some months after, he reported his own eye in excellent condition, and mentioned that he had had opportunity to employ the same plan of treatment, in the naval service, in a case where it had proved effectual after the disease had been unchecked by mercurial treatment.

CASE VIII.—Mr. —, æt. 40, has formerly had syphilis, as is evident from his account of the symptoms and from his being the possessor of a characteristic eruption at the present time. Some weeks since, he had an attack of iritis in one of the West India Islands, and on applying to a skilful physician he received no further encouragement than to be told he could promise him a very excellent glass eye in case he should require one. During the voyage to New York he suffered agonizing circum-orbital pain.

He came to consult me on the 27th of July, 1855. At this time he had slight iritis, with evidence of the previous existence of a much greater amount of the disease. Several adhesions had formed between the margin of the pupil and the capsule of the lens, preventing dilatation of the pupil. Ordered solution of atropia to be daily dropped into the eye. Two leeches to temple. Quin. sulph. gr. iv. *per diem*.

The slight symptoms gradually faded, but little change occurred in the state of the pupil. On the 15th of August he was sufficiently well to absent himself from the city. During the first day of this absence, however, he took cold and brought on a relapse with severe symptoms. On the 19th, the whole iris had a muddy look, and a large globule of lymph projected from its surface into the anterior chamber, near the lower edge of the pupil. Ordered five leeches to temple. Quin. sulph. to be continued. Potass. iod. gr. xv. *per diem*. Apply atropia morning and evening.

20th.—He has had severe pain. Little alteration in local appearances. Liq. morph. sulph. at accession of paroxysms of pain.

22d.—Has suffered less, and the iris seems rather less congested. Continue medicines.

24th.—The injection of the sclerotica and the photophobia have considerably diminished. The pupil does not enlarge, except to a slight degree.

26th.—The iris is regaining its natural aspect, and the eye is less injected. Photophobia diminished. Has had no pain.

28th.—Still further improvement. Has more vision.

29th.—The pupil yields to a considerable extent, in some portions of its margin, to the continued influence of the atropia. The iris has nearly resumed its healthy aspect. Vision improved.

On the 31st he left the city to return home. The active symptoms had vanished, and vision increased rapidly.

He returned to Boston in May, 1856. During this interval his eye has steadily gained, and he is now capable of reading. The

adhesions of the pupil have nearly, but not entirely disappeared. They interfere, however, very little with vision.

CASE IX.—Mr. —, counsellor, of past middle age, was seen in consultation December 16th, 1855. Twenty years before, he had an attack of iritis, for which he was treated with calomel, low diet, and a generally antiphlogistic treatment. It was six months after the removal of the active symptoms before his health and strength were fully restored; but his eye entirely regained its power, and continued useful until the present attack. He now has great intolerance of light, copious lachrymation, a high degree of sclerotic injection, serous chemosis, contraction of the pupil, greenish discoloration of the iris of right eye, and very indistinct vision. He has considerable circum-orbital pain. Has recently been much reduced in strength, from disease of foot, and has had rheumatism in back. He has had a dose of calomel and jalap as a cathartic, and leeches have been applied to temple. Advised one grain of quinia and three grains of potass. iod. three times a day. Sufficient Dover's powder to ensure sleep. Good diet. Atropia was applied to the eye, and the pupil yielded, though slowly, to its influence. The comfort experienced from the almost constant use of warm fomentations induced us to continue them. He remained in a darkened room.

17th.—Has been rather nauseated by Dover's powder. Substitute for it, liq. morph. sulph. The pain during the night has been severe. No improvement in aspect of iris. Pupil moderately dilated. Much sensitiveness of the globe to touch. We advised a continuance of treatment, with a second application of atropia at evening.

18th.—Very little change in appearance of globe. Has had a very restless and painful night, but the pupil continues dilated and regular.

19th.—Much the same. Four more leeches were applied at evening, without much relief. Takes large doses of morphia, with only partial relief of pain.

21st.—Rather less sensitiveness to touch, and less chemosis. Color of iris perhaps rather better. Till now the weather had been variable and stormy since the onset of the disease. After this date there was a steady improvement. The injection of the globe, lachrymation and photophobia, subsided; the color of the iris became more normal, and vision slowly improved. As the amelioration went on, the atropia was employed less frequently, and the quinia was discontinued. The iod. potass. was persevered in.

Jan. 2d, 1856.—He is able to leave his room, and uses the other eye without inconvenience.

He went to his office, I think, on the 3d or 4th of January, little more than a fortnight from the time I first saw him.

16th.—He has for some time been at his office as usual. Vision, in the affected eye, is nearly perfect, and improving.

CASE X.—Mrs. —, æt. 30, is a person apparently of robust

health, but says she has always been an invalid. Has a weak stomach. Cannot walk far without bringing on pains in her back. Is very nervous.

On the 6th January, 1856, she began to have slight soreness in one spot of the right eye, but thought it of no importance. I saw her on the 11th. The iris exhibited a turgid appearance. Pupil much contracted. Sclerotica, around the margin of cornea, much injected. Slight photophobia. Had some pain yesterday in the infra-orbital nerve, and a very severe attack at daylight this morning. Applied solution of atropia. Ordered good diet; shaded room; repose of eyes; pil. Blancard No. 1, twice a day. Liq. morph. sulph. if required.

12th.—Slept tolerably well; but had pain this morning. Pupil has dilated under the influence of atropia.

13th.—Less sclerotic injection, and less pain. The iris and pupil have a clearer aspect. Thinks the pills cause slight nausea.

14th.—Found the eye more injected, and pupil much contracted. Repeat atropia. Hot pediluvium at bedtime.

15th.—The pupil has only partially and irregularly dilated. Apply atropia morning and evening. She has considerable pain in eye, more sensitiveness of the globe to touch, and less vision. Rather more circum-corneal injection. Hot pediluvium. Ol. ricin. with suc. limon. Three pills, containing each a grain of sulphate of quinia, were substituted for Blancard's pills, as she thought they caused nausea, even though taken after eating.

16th.—Eye has improved. Pupil well dilated. Slept well without morphia.

17th.—Yesterday afternoon, her hand slipping from its hold of a pillow she was pulling from under her head, she received a severe blow on this eye. Screamed from pain at the time, and the eye has been rather more painful since. There is contraction of the pupil to about its normal size, and considerable serous chemosis. Continue medicine. Atropia morning and evening.

18th.—Pupil not yet dilated beyond its natural size, the morphia she has taken probably counteracting in a degree the effect of the atropia. She had so much pain yesterday that two leeches were applied to temple. Chemosis continues, and the lids seem slightly infiltrated. Vision almost abolished.

19th.—Rather less pain. Has no appetite, and has taken only gruel. Repeat castor oil and lemon juice. Discontinue pills of quinine, as she thinks they nauseate. Substitute a mixture of tinct. cinch. co. and spir. lavand. co.

20th.—Had a better night. Sclerotica less injected. She sees only a little with this eye, though no actual adhesions or deposits seem to have formed in the field of the pupil.

21st.—Has had no pain of consequence. Better appetite. Sclerotica less red. Vision rather better.

From this date until the 5th February there was constant but slow progress, and at this time all symptoms had disappeared ex-

cept the dimness of sight when tried upon small objects. In a short time longer, this lingering effect of the disease had also passed away, and the eyes were again perfect.

CASE XI.—Mr. —, a merchant, æt. 35, subject to rheumatic attacks, exposed himself to a very cold wind, in walking out of town on the 8th March, 1856, and was attacked the next day with severe symptoms of iritis. When I saw him, on the 10th, the pupil was much contracted and its field cloudy, the iris was much congested, the sclerotica considerably vascular, and the eye extremely sensitive to light. Vision was imperfect. Made application of atropia as usual. Quin. sulph. gr. i. four times a day. Vin. colchici gtt. xv. morning and evening. Dover's powder if necessary.

11th.—The pupil has partially yielded to atropia, but shows some adhesions already formed with the capsule of lens. He had some severe pain last evening, but slept well. Color and appearance of iris and sclerotica as yesterday. Continue remedies.

13th.—More pain last night. Aspect of eye unchanged. Apply four leeches to temple.

15th.—Has been more comfortable. The field of pupil seems less hazy, but the adhesions do not appear to have given way. The iris has regained somewhat of its natural color, and the sclerotal injection is less marked. The progress of the case offered so little of interest that I will merely give its outlines. The symptoms were at no time very severe, never preventing him from visiting me at my house; and, but for the dimness of vision, he would not have given the disease any great attention. I have cited the case, as that which proved the most obstinate of any I have met with, its duration having been till the end of April. Much of this time, however, the disease exhibited merely slight traces of its presence, and would probably have disappeared had not the patient preferred to go regularly to his place of business, notwithstanding a changeable and inclement temperature and very frequent rains. The plan of treatment consisted in the administration of quinia and potass. iod. with good diet. Other anti-rheumatic remedies were occasionally given, as colchicum and Dover's powder, but with no evident effect on the disease. His recovery was perfect, the pupil becoming quite clear and free from adhesions.

[To be continued.]

A FEW WORDS ON CHOLERA INFANTUM.

CLINICAL LECTURE BY M. TROUSSEAU.

[Translated for the Boston Medical and Surgical Journal, from the Gazette des Hopitaux.]

CHOLERA INFANTUM is a disease which is frequently observed in those parts of North America where the temperature is very elevated, and in hot climates generally. It is not uncommon to meet with a certain number of cases in France, during the months of July and August, in very young children who are insufficiently

nursed, or supplied with milk from an artificial source. Derangements of the digestive organs are so common when these little creatures are deprived of good nurses, that it is almost impossible to avoid them after premature weaning; and most people have so little foresight, and act so much according to routine, that they wean their children at the first convenient opportunity, without ascertaining the number of their teeth, a precaution of the utmost importance.

What happens then? Diarrhœa sets in, and persists for eight, ten or twelve days. Under the influence of this, the physiognomy is altered, and assumes an expression of anguish, the limbs are agitated with unaccustomed violence. The child has no fever, is willing to nurse often, but with less eagerness, and vomits the milk. The stools become frequent, abundant, soft, fluid, fœtid, and gradually pass from a dark yellow color to a lighter tint. The eyes are deeply sunken, the cheeks are hollow and lose their color. The general plumpness disappears, and the muscles lose their elasticity and firmness. Their degree of softness corresponds with the number and copiousness of the stools. When the alvine dejections are abundant, this state of things is well marked.

Hitherto we have been speaking of simple diarrhœa, free from alarming symptoms. Suddenly (and we now enter on the history of the grave symptoms of the summer complaint), the body becomes emaciated, the countenance falls away and becomes pale, the features are elongated, the nose is pinched, the eyes are deeply hollowed, the skin loses all its resistance to the finger, is colorless and cold. The child cries without cessation, vomits a greenish matter, and voids by stool greenish, serous excrements, staining the linen light green, and looking as if they contained chopped herbs, but never like rice-water, as in cholera morbus. The belly is tympanitic, and not drawn in; the voice is faint. After a short time, the diarrhœa ceases, the cries are redoubled, and the vomiting begins anew with obstinacy. The thirst is extreme. The little patient rolls his eyes constantly, seizes with impatience his drink, but soon vomits it, or voids it by stool.

The strength of the child would speedily become exhausted by the disease, and would shortly be annihilated under the fatal blow, did not the physician interfere promptly with active and powerful treatment. I know of nothing better than the mustard bath in such a case. It should be prepared in the following manner: put a pound of flour of mustard in a towel, and mix it with cold water; tie it up loosely, wring and squeeze it into the bath until the water becomes yellow. The mustard must be mixed with cold water, in order that the essential oil may be obtained in the largest quantity.

The child, supported by the nurse, is placed in the bath. It soon begins to feel the irritating action of the mustard. When the smarting can be no longer borne by the person holding it, it should be taken out, wiped, and placed in a blanket. A teaspoonful of syrup of æther (sugar 1000 parts, water 500 p., sulphuric æther 48 p.) should be given from time to time, in mint water, or balm water.

After this treatment, you will find that the abdominal symptoms moderate, almost at once, and the pulse begins to improve. Hasten then to apply the child to the breast of a good nurse, if this has not previously been done. If circumstances render this impossible, give small doses of equal parts of the subnitrate of bismuth and chalk. The nitrate of silver, with a minute proportion of opium, such as half a drop of laudanum, also affords excellent results. I also recommend the following preparation: nitrate of silver, one fifth of a grain; syrup, one ounce; distilled water, four ounces, to be continued for three or four days.

At the same time, some albuminous solution with syrup of acacia should be prescribed for nourishment, which I consider extremely useful. Lastly, according as the diarrhœa diminishes, give your little patient whey, beef tea or chicken broth. Unless cholera infantum assumes a very grave form, the child generally recovers; in the contrary case, the termination is fatal.

VESICO-VAGINAL FISTULA—SUCCESSFUL OPERATION.

BY FRANK H. HAMILTON, M.D., BUFFALO.

Mrs. —, æt. 45. The fistula was produced nearly eight years ago, in her first labor. Forceps were employed.

The opening was at the usual place, just above the pubis, and about two inches from the vulva. Its shape was oval, with its longest diameter transverse. Its size was such as to easily receive the end of the index finger. At the upper end of the vagina a thin septum traversed the passage, leaving only a small opening through which the menses could escape. She had ceased menstruating nearly a year before.

I gave her chloroform, and, assisted by Dr. Eastman, I removed the edges of the fistula very freely. This part of the operation was made partly with strong scissors, but chiefly with a long bistoury. When the incisions were completed the opening was very much larger than before, and the abraded surfaces were extensive. When the bleeding had ceased, we closed the wound with four strong, silk sutures, each suture being introduced free from the margin of the opening, and being made to penetrate deeply. Most of the sutures were introduced by the aid of a reversed needle, attached to a long handle.

During the operation the patient rested upon her back, but as soon as it was completed she was laid upon her belly, and a short, flexible metallic catheter introduced, bent into the shape of the italic letter *s*.

During forty-eight hours this position, always a very tedious one, was steadily maintained. After this she was permitted to lie upon her side, and even occasionally to sit up. On the seventh day three of the sutures were removed, and on the tenth the fourth and last

was removed. On the same day, also, the catheter was discontinued.

The success of the operation has been complete, so that on the tenth day she passed her urine voluntarily, and retained it, also, without inconvenience. Not one drop has passed through the fistula since the operation was made.—*Buffalo Medical Journal*.

ON THE INFLUENCE OF CIRCUMCISION IN PREVENTING SYPHILIS.

MR. JONATHAN HUTCHINSON says: "The Metropolitan Free Hospital being situate in a locality in which many Jews reside, its out-patients' rooms furnish a good field for estimating the comparative prevalence of different diseases amongst them and others. The following statement of my past year's experience as to venereal diseases appears to have some importance, and I am induced to communicate it at the present time with especial reference to a paper which appeared in the *Medical Times and Gazette* of November 17, from my friend Mr. Cooper Forster, recommending the more general practice of circumcision as a preventive of certain diseases of childhood. My Jew patients have, I believe, been in proportion of nearly one third to the others. The subjoined table shows the proportion of the two classes of venereal disease.

	Total of Venereal Cases.	Gonorrhœa.	Syphilis.	Proportion of Gonorrhœa to Syphilis.
Not Jews - -	272	107	165	0·6 to 1
Jews - - -	58	47	11	4·3 to 1

Thus we find that, notwithstanding a gross proportion of nearly one third to others, the cases of syphilis presented by Jews are only as one to fifteen. That this difference is not to be accounted for, either by their superior chastity, or by their unwillingness to seek medical aid for such diseases, is conclusively proved by the fact that they furnish very nearly half the cases of gonorrhœa. The circumcised Jew is, then, very much less liable to contract syphilis than an uncircumcised person. This conclusion has, I believe, been long entertained by many surgeons of experience, but I am not aware that it has ever before been made the subject of demonstration. No one who is acquainted with the effects of circumcision in rendering the delicate mucous membrane of the glans hard and skin-like, will be at a loss for an explanation of the circumstance. Taking, then, this fact as established, it suggests itself as probable that circumcision was by Divine command made obligatory upon the Jews, not solely as a religious ordinance, but also with a view to the protection of health. Among them promiscuous intercourse was certainly not regarded in the heinous light which it is under the present dispensation, while polygamy and concubinage were openly permitted. One is led to ask, witnessing the frightful ravages of syphilis in the present day, whether it might not be worth while for Christians also

to adopt the practice. Such a proposition, if intended only to protect the sensualist from the merited consequence of a loathsome vice, would, it is to be hoped, be dismissed at once by every right-thinking man. But the matter is much wider. In syphilis the innocent suffer with the guilty, and the wife and children have often to bear the penalty of the sin of the husband and father. During the period from which the statistics just adduced have been obtained, I have had under my care at the hospital a total of 252 children under the age of five years. Of these, 179 have been of Christian parentage, and 73 of Jewish. Among the former have occurred 27 cases of congenital syphilis, while among the latter there have been but three. Thus it would appear that but one twenty-fourth of the surgical diseases of Jewish children acknowledge a syphilitic cause, while no less than one sixth of those of Christians are of such origin. In this calculation I omit altogether the numerous diseases which are, in all probability, remotely dependent on syphilis, and comprise those only which present the disease in a well-marked form. The same inferences are pointed out by counting the proportion of syphilis cases in women. Of a total of 97 women who have, during the year, come under treatment for one or other form of venereal disease, 92 have been Christians, and 5 Jews. Of the 92 of the former, no fewer than 61 have suffered from syphilis, and at least two-thirds of these have been married women, who, there was every reason to believe, had contracted the disease from their husbands without any fault of their own. With regard to its being the duty of the surgeon invariably to remove the prepuce of infants born with congenital phymosis, which Mr. Forster, in the paper referred to, so ably points out, I have long held a similar opinion with his own." That opinion, together with some reasons for it, are recorded at page 415 of the "*Medical Times and Gazette*" for October 23, 1852.—*Med. Times and Gaz.*

Purification of Amorphous Phosphorus.—This variety of phosphorus (red phosphorus, allotropic phosphorus) which is not spontaneously inflammable, is obtained by submitting common phosphorus to a high temperature, in an atmosphere of nitrogen, hydrogen, carbonic acid, or other gas free from oxygen. There is always a small portion, however, which escapes from the transformation, and the process by which the red phosphorus is purified from the common variety is inconvenient and dangerous, from the liability to combustion. M. Nickles, an apothecary at Molcheins, in France, proposes a new method of effecting the separation, founded on the difference in the specific gravity of the two varieties, the density of the amorphous phosphorus being 2.106, while that of common phosphorus is 1.77. If the mixture is placed in a close vessel and shaken with a solution of chloride of calcium of from 38 to 40 degrees (Beaumé), the common phosphorus rises to the surface, and can be easily removed by dissolving it in a little sulphuret of carbon.—*Jour. de Chim. Medicale.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 9th.—*Encephaloid Disease of the Stomach. Absence of Vomiting and of other Gastric Symptoms.*—Dr. GOULD reported the case.

F. H., æt. 57, had for many years been troubled with dyspeptic symptoms; also some uneasiness in the left hypochondrium when lying on the left side. Four or five years since, he went to spend the summer in Vermont, and while there, was induced to use the "oxygenated bitters." His health was very much amended during the summer, and this was ascribed to the medicine he had taken. In the summer of 1855 he visited Saratoga, and soon after beginning to drink the water, his old symptoms returned. He resorted again to the bitters, which he continued till December, but without relief. I judged that he might have a fecal accumulation in the large intestines, producing the pain and local uneasiness he complained of. After the use of laxatives and cathartics for two or three weeks, by which free evacuations were procured without essential relief, I examined the abdomen, and found a fulness at left hypochondrium quite obvious to the eye. A hard, smooth, slightly movable mass was felt extending to near the median line and to a little below the umbilicus, quite sharply defined to the left, but more indefinite to the right, proceeding in fact from the position of the spleen, lying rather transversely, and not shooting down towards the groin as an enlarged spleen usually does. At this time, however, he attended to his daily business, though not without inconvenience and a gradual loss of strength. The bowels were kept free by an enema night and morning, and the discharges were every way satisfactory. No urgent symptoms occurred until the 25th of March, when he found he could not discharge his feces, on account, as he supposed, of a prolapsus of the rectum, which had somewhat annoyed him for two or three days previously. On examination, I found the passage of the finger strongly opposed, and producing exquisite pain. The rectum was distended with an indurated fecal mass, which was gradually broken down and extracted as fast as his intense agony would admit. The irritation and effort brought on severe pain, with great tenderness in the region of the tumor, like peritonitis, preventing motion or a full inspiration. Leeches were applied, and other antiphlogistics were used, until, in about three weeks, he was again able to sit up.

From this time he was very gradually reduced by want of food, and pain. His food was chiefly liquid, and never gave him pain; his tongue was clean; the bowels were regularly evacuated by enemata, and the feces were healthy, and in no wise peculiar, except in being attenuated to the size of the little finger. The tumor did not increase in size, but became oftentimes very tender to the touch; about four weeks before death he had acute pain near left kidney, lasting three or four days; three weeks before death he had fetid eructations, and about the same time there came on a well-marked pulsation, of a fluctuating character, in the tumor (without any thrill); also œdema of the feet, and general weakness, so that evacuations were rare on account of the effort necessary to induce them. Death took place, from gradual exhaustion, April 30, 1856.

The diagnosis of abdominal tumors is always difficult. In this case disease of the stomach was rendered doubtful by the absence of pain after food, absence of vomiting, natural appetite and well-digested feces; disease of the liver, by the absence of jaundice, indigestion or ascites; disease of

the spleen, by the position of the tumor and the severe constitutional symptoms; of the pancreas, by the degree of mobility in the mass; of the kidneys, by the absence of all difficulty in the urinary function. It was concluded that the mass was made up by an agglutination of several organs, involving and obstructing the large intestine. The disease was supposed to be of a malignant nature; but the organ primarily affected, uncertain.

The subsequent examination showed that vomiting must have been impossible, and how small a portion of the stomach was required to carry on digestion; the contents of the lower bowels being as natural as in health.

Autopsy. The body was much emaciated; the skin not sallow. The abdominal contents were found adherent to the left of the median line from the seventh rib to the umbilicus, corresponding to the edge of the left extremity of the liver, which had been pushed into this position by the diseased mass; the adhesion involved also the stomach and arch of the colon near its descending portion. On separating the mass from the diaphragm, a large sac was found in the concavity, behind the tumor and to the left of the liver, filled with pus, in which the *spleen* floated, quite healthy, though with a sodden aspect; the left portion of the *colon* passed tortuously through the mass, firmly bound, and narrowly contracted, with a considerable amount of proper fæces above the stricture; no portion of it was inflamed, nor perforated. The *pancreas* was involved in the mass, but quite healthy. The surface of the diseased mass was covered with irregular nodules, but no distinct limits of an entire stomach could be made out. When laid open, the interior about the pylorus, and one or two inches from it, was healthy; the cardiac portion also, to a line passing from the right margin of the œsophageal opening, around the organ, was healthy; the intervening portion, or about one half of the viscus, presented a dark-olive, ragged, fringe-like aspect, without any trace of membranous tissue, so that the two extremities of the stomach were only held together by the agglutination of the neighboring organs, thus maintaining the cavity in a state to retain its contents, except at one point, superiorly and posteriorly, where a perforation had given origin to peritoneal inflammation, resulting in the sac of pus above mentioned. The walls of the cavity presented a mass of encephaloid disease from half an inch to an inch in thickness. The *mesenteric and lumbar glands* were in a similar condition. The *liver* was pale, somewhat fatty, containing very thin, pale blood, like currant juice; the gall-bladder contained a gall-stone. Fat in *omentum* and elsewhere rather abundant, and of a deep yellow color. The *heart and lungs* were healthy; a little straw-colored fluid existed in the *left pleural cavity*.

JUNE 9th.—*Transformed Bursal Tumor of the Knee.* Dr. GAY read the case.

The patient, J. D., an Irishman, aged 55, was a slater and plasterer, and first noticed something unusual about the knee more than thirty years ago. In pursuing his occupation as a slater, he was in the habit of using a ladder placed upon the roof, upon the rounds of which his knees frequently rested. To this circumstance the patient attributes the cause of his trouble, the original seat of which was upon the patella, the seat of "housemaid's knee." For many years the swelling continued quite small, and was free from pain and soreness. About two years after its first appearance, he confined himself exclusively to his business as a plasterer. The swelling remained stationary till about seven years ago, since which time it has gradually enlarged, till within three years. Its general character was round and smooth, without any irregularities, pain, or tenderness on pressure; and al-

though inconvenient, never caused the patient to lose a day's work, till May 9th, 1856. It has been of its present size about three years. No pain has been felt in it till within a year, and that not of a distinctive character. The general health of the patient has been good. He had never received a blow upon the part, nor injury sufficient to confine him to the bed or house. Since he has felt the pain, he can fix the first appearance of any irregularity in the swelling, this being previously uniformly soft, yielding and fluctuating. These prominences became well marked and defined, and were always harder to the touch than any other part. There has been no increase of growth for the last six months. No treatment has been attempted during its progress. Its size is at present that of a child's head. The maximum circumference around the tumor and joint being

	20 inches.
That of other knee at the same point,	13½ "
Circumference of the tumor alone,	16 "
" " thigh just above,	14 "
" " leg below,	12 "
Length of tumor from above downw'd,	8 "
Depth of " from patella to skin,	4 "

On the 9th of May, the patient accidentally rubbed the tumor against a board, since which he has been at home. There being some soreness in the part, a poultice was applied, with relief.

Dr. Gay first saw the patient May 14th. The tumor at this time presented a large irregular swelling, with its base situated upon, and beyond, the patella, overlapping, both above and below, the leg and thigh, with its lateral borders extending beyond the usual outline of the limb. It was of an irregular rounded form, being flattened from before backwards, the irregularities being produced by tuberosities, rising slightly above the general smooth surface of the tumor, elastic, yielding to the touch, and giving the sensation of something firmer than the rest of the mass, which seemed evidently fluctuating. These tuberosities, of the size of a pigeon's egg, were situated, one along the superior border, and two along the inferior internal border, with a small nipple-like prominence near the last. At one point near the upper border, was a small spot, about one inch in diameter, where the skin was evidently very thin, and almost ready to burst.

The motions of the joint were good, and without pain. There was some induration at the base of the swelling, and slight inflammatory redness of the skin.

The swelling undoubtedly commenced in the bursa, between the patella and skin, and was produced by continued friction and irritation of the part; as in "housemaid's knee."

No cause can be assigned for the prominences which appeared about a year ago, nor can any supposition be made of the actual alteration, if any, in the tumor itself. Although the prominences were somewhat suspicious, as suggesting encephaloid degeneration, the tumor was considered, on the whole, innocent in its nature, and an operation was advised.

On the 15th, an incision was made near the upper border, and more than



a pint of thick, chocolate-colored substance was pressed out, the consistence of which was somewhat less than that of soft putty, together with several fibrinous-looking masses of the size of a cranberry, resembling the detached portions from the interior of an aneurism. The finger being now introduced into the opening, the above-mentioned prominences of the skin were felt to be produced by rounded masses from the inside of the upper wall of the cyst, hanging down into the cavity. An oblique elliptical incision was then made from above downwards, 6 inches long by $2\frac{3}{4}$ wide, sufficient to include those at the superior and inferior border, and the skin, with the sut-jacent parts, was removed. The interior was then exposed, which much resembled an aneurism, with partially detached layers of fibrine. The hæmorrhage was not sufficient to require the ligature of a single vessel. After sponging the parts, a number of small tumors, varying in size from a pea to a grape, and of a brownish-yellow color, were found on the wall of the cyst, to the inside of the patella and its ligament. There were none on the outside of regular shape, there being only friable, soft fibrinous layers, easily broken down. Near the inferior border, were strong fibrous intersecting bands of different sizes, the largest resembling the ligament connecting the head of the femur with the acetabulum, and at first thought to be a part of the *ligamentum patellæ*, but the latter was found entire beneath it. The tumors were pretty firmly adherent at their base, elastic and yielding to the touch, their interior presenting, on incision, different appearances; in some of the smaller ones, a central dark coagulum, with concentric yellow, tan, and dark-colored layers; in others, almost a regular *corpus luteum*; in another, which was an inch and a half long and an inch wide previous to the section, a soft, dark-russet substance, of the consistency of putty; in the largest ones, removed with the skin, a kidney-like substance was seen, perfectly dry on scraping with a knife, shining, elastic, and very easily broken down with the nail, being two inches long by an inch and a quarter wide. These tumors were all pretty firmly adherent at their base, and without the slightest feeling on hard pressure. The walls of the cyst, with the superjacent cellular tissue, were much thickened and indurated, as in old cases of hæmatocele of the *tunica vaginalis*.

From the history, seat, progress, and long-continued softness of the tumor, there was every reason to believe that it commenced as a bursal tumor. According to the patient's report, it was impossible to fix upon the time when the change or transformation took place. The first decided notice of any difference in the feel of the tumor, occurred a year ago. This may be about the extent of duration of the larger ones. Of the smaller, no information could be gained; as, in those of equal size, some had a central, dark coagulum, as if not of long standing, others had the precise appearance and feel, internally and externally, of the larger ones.

From the gross appearances, it was thought to be an alteration of the elements of the blood, and a favorable prognosis was pronounced.

The microscope revealed nothing in the tumors and putty-like substance, but an amorphous mass, without any definite structure or cell. In the bands of firmer tissue, the fibrous element preponderated.

Cold-water dressing was used for two days, and since that time, a ground-flaxseed poultice. Since the operation, every thing has gone on as well as could be wished—there having been no pain or inflammation, and the motions of the joint entire and free. Healthy granulations gradually commenced, the several tumors came away in layers, daily, and cicatrization rapidly advanced, the wound having a clean, healthy granulating surface.

This, at the present date (July 31), has entirely healed, the cicatrix being two inches in length by half an inch in width.

JUNE 9th.—*Cancer of the Liver and Stomach.* Dr. ELLIS remarked that the following case of gastric disease, in which incessant vomiting was so marked a feature, was in striking contrast with that reported by Dr. Gould, in which, it will be noted, there was entire absence of this distressing symptom.

The specimens shown by Dr. Ellis were taken from a woman 60 years of age, who, for more than a year, had shown symptoms of gastric derangement, and, for several months before her death, had vomited almost everything taken. During the last few weeks, there was well-marked jaundice and great pain in the right hypochondrium. The autopsy was necessarily made in great haste, by Dr. Thompson, the attending physician.

The *liver* contained many cancerous masses, some of them of large size.

The *stomach* was healthy, with the exception of the last two inches of the pyloric portion. This part was the seat of cancer, the walls being here four or five lines in thickness, the different coats being blended together, and the inner surface ulcerated.

No details are given, as the case derives its chief interest from the seat of the disease in the stomach. In the case reported by Dr. Gould, although a large portion of the stomach was destroyed, the orifices were free and there had been no vomiting. In the other case, the disease was quite limited, but the pylorus was involved, and the vomiting had been incessant.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 28, 1856.

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### THE SHIP JANE H. GLIDDON AND YELLOW FEVER.

SOME little feeling of disapprobation has been expressed by non-professional gentlemen, at the course taken by our City Government with regard to the above vessel, lately arrived in the lower harbor of New York, on her way to this city. In the *Boston Daily Advertiser*, there appeared, one day last week, a communication upon this subject by one of these gentlemen, a merchant of good standing, whose opinion in mercantile matters is doubtless entitled to the highest respect. It is proper that this Journal should take some notice of his communication, lest it should be thought that the medical profession coincide with him in his ideas of the subject. His opinion would seem to carry weight with it, as he endorses it with the statement of one of the members of our profession, whose thoughts upon any medical theory are entitled to consideration. The statement is as follows: "Being under the care of the venerable Dr. Bigelow, one of the consulting physicians of Boston, for some time past, and now in search of health, I would be one of the last persons to attempt to bring infection to the city. Some three weeks since, on one of his visits, I named the case to him, and he replied: 'Why do you not order her round here?'" Without intending to cast any reflection upon either party, we unhesitatingly say, that we should prefer Dr. Bigelow's statement from himself.

Mr. Pearson's own account of the Jane H. Gliddon is of itself sufficient to justify her detention at Quarantine. And we say this, believing as fully as he does in the non-contagious nature of yellow fever. —We are ready to

allow that persons from that ship may have landed and even slept with others hitherto unexposed, without communicating to them the disease. Indeed, we are not aware of a well-authenticated case on record, in which a well person ever contracted yellow fever by sleeping with, or wearing the clothing of, yellow fever patients. Something more is necessary; the being exposed at the only place where yellow fever can be caught, that is, at the point where the infection exists. Such a point, by Mr. Pearson's testimony, is his own vessel. "Capt. Lovett informed me that only one seaman died on the passage, and *one* passenger and four seamen were landed sick at the Hospital. \* \* \* \* What was the result to the two officers and two persons on board to take care of the ship? After lying some 20 days in the vicinity of the hospital, they were *all* taken sick, and one or more died. (A ship arrived one day previous to the J. H. G., loaded and sailed from Havana at the same time, went up to the city, discharged, and no sickness. I mention this at this time, as the doctor contends there is yellow fever in the cargo.) During this time, there had been many arrivals and accumulation of cases." That is to say, there were two cases of the disease on board during the passage. The patients may have contracted the disease out of the ship. It does not thence follow, that there was a focus of infection on board. But four persons were put on board to take care of the ship; they *all* had the disease. Whence it probably follows, that there *was* a focus of infection on board, and the health officer only did his duty in contending "that there is yellow fever in the cargo," or hold; and in preventing stevedores from discharging the cargo, except as he directed.

The ship which arrived from Havana one day before the Jane H. Gliddon, was not a focus of infection, could not communicate the disease, and was not stopped. "At this time," says Mr. Pearson, "there were about eighty cases of yellow fever in the hospital. He had, in fact, made *Staten Island a part of Cuba*, by the detaining of so many people in his *malaria hole*, and causing the disease to spread; so much so, that the outside inhabitants' lives are endangered, and in fact, the whole of New York city, when the wind is favorable to waft the infection." The doctor had done no such thing. The yellow fever never was known to spread from an uninfected spot. The patients from an infected ship might be carried into any healthy locality without exposing an individual; but every individual, on the other hand, who should go to the infected spot, however short his stay, would thereby expose himself, and no one else. The doctor acted with a proper caution, and his wisdom is to be commended.

Mr. Pearson's offer to "pledge any amount, that there would be no sickness" among such stevedores as he would hire to discharge the ship, is liberal in the extreme; but it would not be likely to prevent his laborers from taking yellow fever, and is therefore unsatisfactory.

The "absurd quarantine laws of Boston" were abolished several years ago, to the benefit of the public at large. We hope they never will be re-ordained. The City Government have tried, since, to make quarantine what it should be—a place for the detention and destruction of infection. With such intention, this unfortunate ship is detained. Her character is bad. The hold labors under suspicion of containing a contraband article, which the revenue laws cannot touch. She should therefore be detained at Deer Island, her cargo taken out and aired, and her hold thoroughly cleansed. No one will be exposed by this, except those who are so unfortunate as to be on board; and the good character of the ship can be proved by her not infecting any of them, and not otherwise.

Mr. Pearson makes the same mistake in confounding infection and contagion, which most of the public and many physicians do. Their minds should be disabused, if possible. If not possible, the government should, in making choice between the sale of cargoes and the protection of life, act, as they seem to have done, for the greatest good of the greatest number.

#### INFLUENCE OF THE MOTHER'S MIND ON THE FETUS.

UNDER the above title, we notice an article in the *Nashville Journal of Medicine and Surgery* for August, by Dr. T. G. Underwood, of Freemansville, Georgia, containing an account of three cases of deformity in infants, supposed to have been caused by sudden and powerful impressions made upon the mothers, while pregnant. The first case is quite extraordinary. A lady in Habersham County, Georgia, was delivered, at the end of the seventh month, of a child whose left leg was destitute of a foot and ankle, the stump appearing as if the limb had been amputated by a dull instrument, a short time previously; the bone protruded about an inch and a half, and appeared to have been broken off obliquely. The right leg "resembled in shape the fore leg of the opossum. The foot was turned inwards, and the toes were grown together to [sic] near their extremities, and were destitute of natural nails, but had claws precisely like those of the opossum. The ring finger of the right hand was off at the first phalangeal articulation, and very much resembled the toe of the above-named animal, and on the extremity was a claw, like those on the toes." At an early period of her pregnancy, the mother had witnessed the killing of an opossum, one of whose fore legs was cut off with an old, dull axe, leaving the bone protruding. She was very much frightened at the time, but she "thought no more of it, or very little," until the birth of her child, which died two weeks afterwards.

The second case was that of a living child whose face "was the color of dense smoke, interspersed with red streaks. The globes of its eyes were in continual motion upwards and downwards, resembling the flickering of a candle. Its eyes were very much squinted, or presented the appearance of a person's eyes looking at a very luminous body." The mother ascribed the deformity to her having witnessed the burning of a neighbor's house, while she was pregnant.

In the third case, the mother expressed to Dr. Underwood, during her labor, her fears that the child was deformed. When born, the child presented the appearance of having been dead for some time. The mother being asked, before seeing it, why she expected it to be deformed, said that she had been frightened by an owl, during her pregnancy. Dr. Underwood "then examined the child, and found her fears verified. Its head was in shape like an owl's in full plumage," &c. &c.

We have quoted these three cases, because we believe that the question of the influence of the mental condition of the mother upon the physical condition of her offspring, especially in causing specific deformities, is not entirely settled; though, we doubt not, the great majority of medical men agree with the remark of Dr. Carpenter, quoted by Dr. Underwood, that "No soundly-judging physiologist of the present day is likely to fall into the popular error of supposing that 'marks' upon the infant are to be referred to some transient, though strong, impression upon the mind of the mother; but there appear to be a sufficient number of facts on record, to prove that *habitual* mental conditions on the part of the mother *may* have influence enough, at an early period of gestation, to produce evident bodily

deformity or peculiar tendencies of the mind." We are disposed to go farther than Dr. Carpenter, and to agree with Dr. Underwood, that a sudden shock, even if of transient duration, may at times "exert an influence on the *fœtus in utero*"; but we believe that this influence is limited in its effects. It may cause the death of the child, or it may cause an arrest of development in any of its parts, of which a familiar example is the hare-lip; but that there is any necessary connection between the cause of the mental emotion and the nature of the deformity, we cannot for a moment admit. Still less do we believe that the most powerful maternal imagination can produce a *perversion* of the *fœtal* development, although it may retard or arrest that process, either wholly or in part, thus producing various *bizarre* appearances, which, to those unacquainted with the successive phases of embryonic life, resemble various objects, animate and inanimate.

#### SCIENTIFIC CONVENTION AT ALBANY.

The "American Association for the Advancement of Science" has just been holding its meetings at Albany; and, to judge from the reports furnished by various journals, much instruction and pleasure must have been imparted and received.

We notice the names of some of our most distinguished *savants* enrolled as attending members of this convention; among others, Professors Agassiz, Peirce, Lovering, Horsford, from Harvard University; Prof. Mitchell, the astronomer, from Cincinnati; Prof. Dana of Yale College; Dr. Leidy of Philadelphia, so distinguished for his studies and descriptions in minute anatomy. Profs. A. D. Bache and W. B. Rogers, the former the "indefatigable head" of the United States Coast Survey, and the latter well known as an accomplished geologist, and an entertaining and instructive speaker at the meetings of our Natural History Society, are both prominent in the account of the proceedings of the convention.

Want of space, at this time, prevents us from doing more than thus cursorily to allude to this important meeting of a body of enthusiastic devotees of science.

Astronomy, geology, physics, entomology, mathematics, and *science in general*, are ably represented

We trust that an increasing interest will characterize the proceedings of this Association, whose deliberations must be productive of great benefit to the community at large, as well as of advantage and knowledge to the members.

We learn from a report in the *N. Y. Daily Times*, that it is "exactly five years since the American Association met in Albany. In that space of time it has increased gradually in respectability and influence, and has now a membership of about 1,500." Only about 300, however, are "working members," and only about 600 or 800 are "paying members." Funds are not always in a flourishing condition. We hope to chronicle better things in this respect, in future, for the Association.

The following gentlemen constitute the *Standing Committee* of the Association: *President*—Prof. James Hall, Albany, N. Y. *Permanent Secretary*—Prof. Joseph Lovering, Cambridge, Mass. *General Secretary*—B. A. Gould, Jr., Cambridge, Mass. *Treasurer*—A. L. Elwyn, Philadelphia, Pa. Prof. John Torrey, New York; Prof. Wolcott Gibbs, New York; Prof. Wm. B. Rogers, Boston; Mr. Wm. P. Blake, Washington, D. C.; Prof. Benj. Peirce, Cambridge, Mass.; Prof. Wm. Chauvenet, Annapolis, Md.; Prof. A. D. Bache, Washington, D. C.; Prof. Jeffries Wyman, Cam-

bridge, Mass.; Prof. John L. LeConte, South Carolina; Sir Wm. E. Logan, Montreal; Prof. Alexis Caswell, Providence, R. I.

NOTE FROM DR. C. F. HOFFENDAHL.

Messrs. Editors,—In your paper of last week I saw, for the first time, the advertisement of Dr. H. Perabeau, in which my name occupies an unpleasantly conspicuous place, and I consequently feel it due to myself to make the following statement.

About three years ago, Dr. P. asked me to assist him in the prosecution of his medical studies. I allowed him to use my books and witness as much as possible of my practice, advising him, at the same time, to pursue a regular course of study by attendance on medical lectures, &c. This course he pursued with due diligence, as far as I know, until he left Boston last spring, and since then I have had no connection or communication with him. I would further declare that Dr. P. has used my name in his advertisement entirely without my knowledge or consent. If you will publish this statement in the next number of your Journal, you will confer a favor on

Your obedient servant,

C. F. HOFFENDAHL, M.D.

Tuesday, August 19th, 1856.

*Resignations and Appointments.*—We learn that Dr. J. M. Allen has resigned the chair of Anatomy in the Pennsylvania Medical College, and Dr. T. G. Richardson, of Louisville, Ky., has been elected to fill the vacancy. Dr. Richardson has long been connected with the Louisville schools, and is well known as a successful teacher of anatomy; he is also the author of a work on that subject.—Prof. Timothy Childs, of the Berkshire Medical College, has been elected to the chair of Professor of Anatomy in the New York Medical College. Prof. Childs will continue to reside in Pittsfield, and attend to the duties of his professorship there.

THE paper read before the Suffolk District Medical Society by Dr. Slade, on "Contraction of the Bladder," and published in our Journal some months since, has, we are pleased to see, been copied into several British and Continental medical journals.

An obituary notice of the late Dr. D. Gould will appear next week.

*Books and Pamphlets Received.*—Bennet on Uterine Pathology—Churchill on Children—Dunghison's Physiology—Taylor's Medical Jurisprudence (from Blanchard & Lea).—Proceedings of the Sixty-third Annual Convention of the Connecticut Medical Society.—Address to the Medical Graduates in the University of Vermont. By Calvin Pease, President.

MARRIED,—In New York, 14th inst., Dr. Edward P. Volland, U. S. A., to Miss Amelia A. Lyon.

DIED.—In Athol, Mass., August 14th, by being thrown from his carriage, Dr. H. B. Austin, of that place.

*Deaths in Boston* for the week ending Saturday noon, Aug. 23d, 104. Males, 54—females, 50. Accident, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 19—convulsions, 4—cholera infantum, 18—dysentery, 10—dropsy, 1—dropsy in the head, 4—drowned, 1—infantile diseases, 7—puerperal, 1—bilious fever, 1—erysipelas, 1—scarlet fever, 3—disease of the hip, 1—disease of the heart, 6—intemperance, 1—inflammation of the lungs, 3—marasmus, 4—old age, 1—smallpox, 1—teething, 3—thrush, 2—unknown, 6—whooping cough, 1.

Under 5 years, 63—between 5 and 20 years, 5—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 81—Ireland, 16—Germany, 3—British Provinces, 3—Scotland, 1.

**Births in Suffolk County.**—By the returns of births made to the Secretary of State, for the County of Suffolk, it appears that the whole number returned for the County during the last year, is 6,180; of which number only 1,533 are children of American parents, while 4,055 are of entire foreign parentage.

**Vermont Medical Society.**—The semi-annual meeting of this Society took place at Bellows Falls, recently, Dr. Perkins, of Castleton, presiding.

Dr. Thayer, professor in the Woodstock school, read an extremely interesting paper on various points in obstetrical practice.

Dr. Thayer was followed by Dr. Perkins in a brief account of ten cases of uterine polypi, of their treatment, and of the subsequent history of their subjects.

At the close of the meeting we could not but wish that the sparse settlement of our medical men, as well as the nature of their occupation, did not render such meetings rare.—*Vermont Republican*.

**The Yellow Fever at Charleston, S. C.**—The Board of Health, Monday, Aug. 18, reports no new cases of yellow fever, or deaths therefrom, in the past forty-eight hours. The Board will not make another report unless the disease should again make its appearance. (Aug. 22d, several new cases were reported.)

**Health of the Southern Cities.**—The Mobile papers appear to be much annoyed with false reports of yellow fever, circulating to its prejudice in other cities. Dr. Nott, the President of the Board of Health, gives all such stories their quietus, in a card, announcing that not a solitary case of the disease has made its appearance there this season. The same, we are assured, holds good as regards New Orleans, Savannah, Wilmington, Richmond, Portsmouth and Norfolk. In the latter city, during the month of July, there were only 44 deaths, including 17 colored persons. Our own city, it is needless to repeat, continues to enjoy uninterrupted health, and in addition, for the last few days, a most pleasant and delightful atmosphere.—*Baltimore Sun*.

A young medical gentleman of Philadelphia, Dr. A. J. Johnson, who has been in the Russian service, writes from Simpherapol to his relatives, stating that Drs. Hank and Weems, both Americans, and in the same service, were about leaving for home. The letter also states that Dr. Hart, of Memphis, Tenn., had recently died in that region.

Dove, the English murderer, was to be hung on the 9th inst. A correspondent of the Manchester Guardian, writing from York, on the 8th, says:—"Dove has this day confessed to Mr. Noble, Governor of York Castle, and Mr. Thos. Wright, the prison philanthropist. Dove states that he administered the poison (strychnine) to his wife, knowing at the time that it was poison. He calls himself 'a dreadful villain,' and says he wonders how any efforts could be made to save him. This evening he appears very nervous and disquieted, and manifests considerable apprehension of the gallows. His keepers fear one terrible scene before their last vigils have closed. It is certain that he will be hung at noon, tomorrow (Saturday)."

**New Mode of Treating Hydrocele.**—Mr. Lloyd, at St. Bartholomews, often mentions to his class that the application he finds most effectual in private practice, in effecting the radical cure of hydrocele, is a small quantity of red precipitate on a probe or director, introduced into the sac subsequent to its evacuation by the trocar. In a recent case at St. Bartholomews, accordingly, the application was tried with very good effects. Mr. Lloyd believes it seldom or never fails. It requires no specific apparatus; it produces a certain amount of inflammation of the common kind in the serous lining of the sac, which effectually blocks up the cavity, and no ill effects of any kind are produced.—*N. Y. Journal of Medicine*.

**Ergot and Digitalis in Hemorrhage.**—A combination of ergot and digitalis, in the proportion of two grains of the former to three quarters of a grain of the latter, given in the form of pill, six or eight times daily, is highly praised by M. Ed. Carriese, as an anti-hemorrhagic in general, and particularly in hæmoptysis and menorrhagia. According to him, this combination effects more than either article separately.